2011-29-A

229322

## AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: []IXC []CLEC []ILEC []Wireless

| CERTIFICATED COMPANY INFORMATION   |  |  |  |  |  |
|--|--|--|--|--|--|
| Intellifiber Networks  |  |  |  |  |  |
| Company Name FEIN/SSN  |  |  |  |  |  |
| 804-622 3152   |  |  |  |  |  |
| Dba/fka Telephone #  |  |  |  |  |  |
| 2134 W. La Durnium Alve  |  |  |  |  |  |
| Mailing Address  Mailing Address   |  |  |  |  |  |
| City, State, Zip Code  |  |  |  |  |  |
| Only, Glate, Zip Good  |  |  |  |  |  |
| Business Location  |  |  |  |  |  |
|  |  |  |  |  |  |
| City, State, Zip Code County   |  |  |  |  |  |
| REGISTERED AGENT INFORMATION   |  |  |  |  |  |
| Registered Agent: 1 Registered Agent   |  |  |  |  |  |
| The grant of the state of the s |  |  |  |  |  |
| Mailing Address: ACC West Hawks Street   |  |  |  |  |  |
| City, State, Zip Code: Chi caso, IL 60606  |  |  |  |  |  |
|  |  |  |  |  |  |
| Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:   |  |  |  |  |  |
| 1 Tarla Purdy  |  |  |  |  |  |
| General Manager (Include address if different than above.)   |  |  |  |  |  |
| Telephone Number Facsimile Number E-mail Address   |  |  |  |  |  |
| Commission of the state of the  |  |  |  |  |  |
| B. Customer Relations /Complaints Representative (Include address if different than above.)  |  |  |  |  |  |
| 1-877-228-7658 1 30 lutions @instellitiper.Com   |  |  |  |  |  |
| Telephone Number Facsimile Number E-mail Address   |  |  |  |  |  |
| C1.  |  |  |  |  |  |
| Customer Relations/Complaints Representative for Escalated Complaints (Include address folifierent than above)   |  |  |  |  |  |
| Telephone Number Facsimile Number E-mail Address APR 2 1 2011  |  |  |  |  |  |
| cz. 1-477-228-7658   |  |  |  |  |  |
| Customer Contact (Toll Free Number)  CLERK'S OFFICE  |  |  |  |  |  |
| D Sarah William  |  |  |  |  |  |
| Engineering Operations (Include address if different than above.)  404-422-4231  |  |  |  |  |  |
| Telephone Number Facsimile Number E-mail Address   |  |  |  |  |  |
| E Medizont Donations Contra  |  |  |  |  |  |
| Test and Repair (Include address if different than above.)   |  |  |  |  |  |
| Telephone Number Facsimile Number E-mail Address   |  |  |  |  |  |
| Telephone Number Facsimile Number E-mail Address Page 1 of 2   |  |  |  |  |  |

| F.  | Nedwork                                | Operations                       | Center   |                    |  |
|---|--|----------------------------------|--|--------------------|--|
| •   | Emergencies (During non-office h       | ents)                            |  |                    |  |
|   | 1-888-662-5700                         | Facsimile Number                 | E-mail Address                                 |                    |  |
|   | Telephone Number                       |                                  |  |                    |  |
| In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices: |  |                                  |  |                    |  |
| G.  |  | iress if different than above.)  | narthas Way Hiawa                              | The 14 5223        |  |
|   | 319-790-72951                          |                                  | bill, hags (a) paetec. C                       | OM_                |  |
|   | Telephone Number                       | Facsimile Number                 | E-mail Address                                 |                    |  |
| H.  | Dual Party Mailings (Name)             |                                  |  |                    |  |
|   | Mailing Address                        | 1                                |  |                    |  |
|   | Telephone Number                       | Facsimile Number                 | E-mail Address                                 |                    |  |
| l.  |  |                                  |  |                    |  |
|   | Interim LEC Fund Mailings (Nan         | ne)                              |  |                    |  |
|   | Mailing Address                        |                                  |  |                    |  |
|   | Telephone Number                       | Facsimile Number                 | E-mail Address                                 |                    |  |
| J.  | Carla Pur                              | oly                              |  |                    |  |
|   | Universal Service Fund Mailings        | (Name)\                          | n Ave Richmond                                 | (H 2327)           |  |
|   | Mailing Address                        | Lapurnur                         |  |                    |  |
|   | 404-622-37521                          | 804-422-43591                    | Cspurdy@ Caute                                 | 1.com              |  |
|   | Telephone Number                       | Facsimile Number                 | E-mail\Address                                 |                    |  |
| K.  | Gross Receipts Mailings (Name          | <u>cuy</u>                       | *  | <del></del>        |  |
|   | 2134 W. L                              | aburnium N                       | us Richmond VI                                 | 2322)              |  |
|   | Mailing Address                        |                                  | CS Durdy (a caute)                             | 0001               |  |
|   | 460-622-3052- /<br>Telephone Number    | 804-422-4359<br>Facsimile Number | E-mail Address                                 | · COloc            |  |
| L.  | relephone number                       | 1 doomino ramoo                  |  | <u> </u>           |  |
| L,  | Lifeline Mailings (Name)               |                                  |  |                    |  |
|   | Mailing Address                        | 1                                |  |                    |  |
|   | Telephone Number                       | Facsimile Number                 | E-mail Address                                 |                    |  |
|   | Carla Pura                             | dy                               | ala Hudy                                       |                    |  |
|   | This form was completed by (print      | name)                            | Signature                                      |                    |  |
|   | <u> Accaultent</u>                     | -legulatory                      | Date Date                                      |                    |  |
|   | RETURN COMPLETED FORM TO               | ):                               |  |                    |  |
|   | Public Service Commi<br>Clerk's Office | ssion of SC                      | Office of Regulatory Staff Attn: Jeanne Gordon |                    |  |
|   | Post Office Drawer 11                  |                                  | 1401 Main Street, Suite 900                    |                    |  |
|   | Columbia, South Card                   | olina 29211                      | Columbia, South Carolina 29201                 | (Rev. PSC 11/2010) |  |